# Genitourinary Medicine

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# Book review

**The management of AIDS patients.** Edited by D Miller, J Weber, and J Green, 1986. Macmillan, London. Pp 202. Price £10·95.

Here is the first authoritative British guide written and edited by specialists working in the major London teaching hospitals. Within the covers of this short book is contained a wealth of practical detail on all aspects of the management of individuals infected with the human immunodeficiency virus (HIV) and others at risk of infection. The first chapter, written by Drs Weber and Pinching, outlines the clinical aspects of HIV infection including the acquired immune deficiency syndrome (AIDS).

The reader is guided through the differential dianoses of pulmonary and gastrointestinal features of AIDS, and treatment regimens for the complicating infections are set out in sufficient detail to aid the doctor dealing with his first case. Kaposi's sarcoma and its differential diagnosis is described clearly, and the colour photographs have reproduced well. Chapters 2 and 3 deal with the immunological aspects of HIV infection and virology, respectively. With the recent expansion in knowledge about the virus, however, the latter chapter is inevitably dated. "Venereology" is the title of the fourth chapter and here the concept that AIDS is a sexually transmissible disease is reinforced. As a sizable proportion of haemophiliacs who have received factor VIII concentrate are seropositive for the virus, it is entirely appropriate that Chapter 5 is concerned with the special problems of HIV infection in this group. Good common sense advice on the nursing of infected patients is given in Chapter 6. Clearly, the three authors of this chapter have had considerable experience in this field, and the compassion in their writing reflects this. The devastating effect of the diagnosis of AIDS being given to the patient, uncertainties about the development of the disease in otherwise well seropositive people, and the profound effects of the emergence of the disease in groups at risk demand that individuals who manage these men and women should be absolutely clear about the psychological and sociological aspects of HIV infection. David Miller and John Green are to be congratulated on setting out so clearly these issues in three chapters. As an appendix there is a list of useful addresses for high risk groups, Scottish AIDS Monitor (SAM) is not included, however, which I think is unfortunate as this book will certainly sell well north of the border.

I have no hesitation in recommending this book to *all* doctors who are likely to manage infected patients, genitourinary medicine clinic nurses, health visitors and health advisors, and members of interested voluntary organisations.

*A McMillan*

# Notices

*Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover at least eight months before the date of the meeting or six months before the closing date for application.*

**Grand Orient de Belgique masonic lodge, Les Amis du Commerce et la Perseverance Reunis, 4th medical prize**

In March 1987 the masonic lodge "Les Amis du Commerce et la Perseverance Reunis" in Antwerp will award its 4th medical prize of 30 000 ECU (£19 000).

The purpose of the prize is to reward a scientist or group of scientists who, in the course of their research work, have made a significant contribution to the progress of medical science whether theoretical or practical, fundamental or clinical. The prize may be divided between several candidates

The prize will be awarded by jury of four members and a president appointed by the masonic lodge "Les Amis du Commerce et la Perseverance Reunis". The jury shall be entitled to call in experts for advice if it deems necessary. The members of the jury who will have been empanelled to attend the meetings will have to justify their judgment of the candidacies in writing. All deliberations will be made in camera and decisions made by a simple majority. All working expenses will be paid by the organising lodge.

The competition is open to any researcher whether certified or not, without discrimination of a racial, national, sexual, or philosophical nature. Candidacies for the prize must be sponsored by at least two freemasons whose masonic qualifications must be confirmed by their masonic authorities. In turn the sponsors will have to vouch in writing for the moral integrity of their candidates.

All applications must be accompanied by a detailed curriculum vitae of the candidates, a résumé of their scientific activities, and the opinion of the authorities under whom they work. All applications must be submitted before 30 December 1986 and addressed to: Mr René De Zuttere, Hoogpadlaan 101, B-2070 Antwerp, Belgium.

The jury will come to a decision not later than 31 March 1987. This decision will be final and not open to appeal. The prize will be presented during an academic session in Antwerp in May 1987. The masonic lodge "Les Amis du Commerce et la Perseverance Reunis" reserves the right to withold the prize should the applications appear to be below standard.

**Fifth African regional STD conference**

The fifth African regional STD conference will be held on 1 to 5 June 1987 at the Medical School, University of Zimbabwe, Harare, Zimbabwe.

The conference organiser is Dr A S Latif, Department of Medicine, Medical School, PO Box A178, Avondale, Harare, Zimbabwe.

*Genitourin Med* 1987;**63**:64-71

# List of current publications

*Selected abstracts and titles of other published reports are arranged in the following sections:*

*Syphilis and other treponematoses*
*Gonorrhoea*
*Non-specific genital infection and related disorders (chlamydial infections; mycoplasmal and ureaplasmal infections; general)*
*Pelvic inflammatory disease*
*Reiter's disease*
*Trichomoniasis*
*Candidodis*
*Genital herpes*
*Genital warts*
*Acquired immune deficiency syndrome*
*Other sexually transmitted diseases*
*Genitourinary bacteriology*
*Public health and social aspects*
*Miscellaneous*

## *Syphilis and other treponematoses*

**Tonic pupils in neurosyphilis**

WA FLETCHER AND JA SHARPE (Toronto, Canada). *Neurology* 1986;**36**:188-92.

Of 60 patients with tonic pupils, 29 had serological tests for syphilis and five of these gave positive results. Four of these five had clinical evidence of neurosyphilis, which was confirmed by examination of the cerebrospinal fluid.

Idiopathic tonic pupils (Holmes-Adie syndrome) usually occur in young women. The syndrome presents as unilateral pupillary dilatation that in time becomes bilateral and is associated with absent ankle jerks. Chronic tonic pupils gradually become smaller and, at this stage, may be hard to distinguish from the bilateral miotic pupils described by Argyll Robertson. The authors' patients differed from those with classic Holmes-Adie syndrome; they were middle aged or elderly men with bilateral small pupils at presentation. Ankle jerks were absent in two of them, but this was in conjunction with tabes dorsalis.

The message from this interesting paper is that tonic pupils, contrary to the views of some workers, are a feature of neurosyphilis. The authors conclude that "Certainly, patients with bilateral tonic pupils should be screened for syphilis. A confirmatory test is mandatory as reagin tests, such as the Venereal Disease Research Laboratory (VDRL) test alone, give negative results in up to 50% of cases of neurosyphilis". We fully concur with this and with their statement that "young patients with typical Holmes-Adie syndrome can be safely excepted". We would suggested that, as syphilis is a treatable disease with serious sequelae if untreated, all patients who present with atypical tonic pupils should be screened.

*C Bradbeer*
*E Graham*

***Treponema pallidum* in macular and papular secondary syphilitic skin eruptions**

A POULSEN, T KOBAYASI, L SECHER, AND K WEISMANN (Copenhagen, Denmark). *Acta Derm Venereol (Stockh)* 1986;**66**:251-8.

**Role of circulating immune complexes in human secondary syphilis**

JL JORIZZO, MC McNEELY, RE BAUGHN, AR SOLOMON, T CAVALLO, AND EB SMITH (Winston-Salem, USA). *J Infect Dis* 1986; **153**:1014-22.

**Percoll-purified *Treponema pallidum*, an improved fluorescent treponemal antibody-absorbed antigen**

PA HANFF, C FERNANDEZ, AND JD FOLDS (Boston, USA). *J Clin Microbiol* 1986; **23**:980-2.

**Serodiagnosis of syphilis by enzyme-linked immunosorbent assay with purified recombinant *Treponema pallidum* antigen 4D**

JD RADOLF, EB LERNHARDT, TE FEHNIGER, AND MA LOVETT (Los Angeles, USA). *J Infect Dis* 1986;**153**:1023-7.

**Treponemal antibody-absorbent enzyme immunoassay for syphilis**

J CHEN, TM LIN, CM SCHUBERT, AND SP HALBERT (Miami, USA). *J Clin Microbiol* 1986;**23**:876-80.

**Diagnostic measures and criteria for neurosyphilis**

HW PRANGE (Gottingen, Federal Republic of Germany). *Dtsch Med Wochenschr* 1986; **111**:625-7.

**Comparative in vitro susceptibility of *Treponema pallidum* to ceftizoxime, ceftriaxone and penicillin G**

HC KORTING, D WALTHER, U RIETHMÜLLER, AND M MEURER (Munich, Federal Republic of Germany). *Chemotherapy* 1986;**32**:352-5.

**Evaluation for endotoxemia in patients receiving penicillin therapy for secondary syphilis**

JL SHENEP, S FELDMAN, AND D THORNTON (Memphis, USA). *JAMA* 1986;**256**:388-90.

To assess whether endotoxin liberation occurs after administration of antibiotic to patients with syphilis, serial plasma samples were obtained from 15 patients receiving intramuscular penicillin G benzathine for secondary syphilis. The endotoxin content of these plasma samples was measured using a Limulus lysate assay (detection limit, 0·025 ng of reference *Escherichia coli* endotoxin/ml of patient plasma). Though secondary syphilis is the stage of syphilis having the greatest burden of spirochetes and the highest incidence of Jarisch-Herxheimer reactions, no endotoxin was detected in plasma either before or after antibiotic treatment. Despite the absence of detectable endotoxemia, five patients experienced mild Jarisch-Herxheimer-like reactions. These results suggest that endotoxin is not an important

factor in either secondary syphilis or the reactions associated with antibiotic treatment of this disease.

*Authors' summary*

## Gonorrhoea

**An unusual *Neisseria* isolated from conjunctival cultures in rural Egypt**
H MAZLOUM, PA TOTTEN, GF BROOKS, *ET AL* (San Francisco, USA). *J Infect Dis* 1986; **154**:212-24.

**Ophthalmia neonatorum in Nairobi, Kenya: the roles of *Neisseria gonorrhoeae* and *Chlamydia trachomatis***
L FRANSEN, H NSANZE, V KLAUSS *ET AL* (Antwerp, Belgium). *J Infect Dis* 1986;**153**: 862-9.

**Epidemiology and treatment of oropharyngeal gonorrhea**
DM HUTT AND FN JUDSON (Denver, USA). *Ann Intern Med* 1986;**104**:655-8.

**Auxotypes, penicillin susceptibility, and serogroups of *Neisseria gonorrhoeae* from disseminated and uncomplicated infections**
M BOHNHOFF, JA MORELLO, AND SA LERNER (Chicago, USA). *J Infect Dis* 1986;**154**: 225-30.

**Arthropathic properties of gonococcal peptidoglycan fragments: implications for the pathogenesis of disseminated gonococcal disease**
TJ FLEMING, DE WALLSMITH, AND RS ROSENTHAL (Indianapolis, USA). *Infect Immun* 1986;**52**:600-8.

**Previously undescribed 6·6-kilobase R plasmid in penicillinase producing *Neisseria gonorrhoeae***
A GOUBY, G BOURG, AND M RAMUZ (Nimes, France). *Antimicrob Agents Chemother* 1986;**29**:1095-7.

**Detection of L-forms of *Neisseria gonorrhoeae* in pure and mixed culture suspensions by an enzyme immunoassay**
BHC BAE, RM AMIN, AND J KORZIS (New York, USA). *Am J Clin Pathol* 1986;**85**:618-22.

**Intragenic variation by site-specific recombination in the cryptic plasmid of *Neisseria gonorrhoeae***
P HAGBLOM, C KORCH, A-B JONSSON, AND S NORMARK (Umea, Sweden). *J Bacteriol* 1986;**167**:231-7.

**Genetic transformation of genes for protein II in *Neisseria gonorrhoeae***
RS SCHWALBE AND JG CANNON (Chapel Hill, USA). *J Bacteriol* 1986;**167**:186-90.

**Anorectal gonorrhea in women. Is it more difficult to cure?**
AJ DAVIDSON AND FN JUDSON (Denver, USA). *Sex Transm Dis* 1986;**13**:97-101.

**Clinical evaluation of ofloxacin (RU43280) for the treatment of gonococcal and non-gonococcal urethritis in adult males**
P MOREL, I CASIN, A BIANCHI, AND Y PEROL (Paris, France). *Pathol Biol (Paris)* 1986; **34**:502-4.

**Dose ranging study of cefpimizole (U-63196E) for treatment of uncomplicated gonorrhea in men**
ET SANDBERG, PS PEGRAM, RE RODDY, *ET AL* (Winston Salem, USA). *Antimicrob Agents Chemother* 1986;**29**:849-51.

## Non-specific genital infections and related disorders (chlamydial infections)

**Diffuse peritonitis and chronic ascites due to infection with *Chlamydia trachomatis* in patients without liver disease: new presentation of the Fitz-Hugh-Curtis syndrome**
UA MARBET, GA STALDER, J VÖGTLIN, *ET AL* (Basle, Switzerland). *Br Med J* 1986;**293**:5-6.

***Chlamydia trachomatis* infection in women with ectopic pregnancy**
RC BRUNHAM, B BINNS, J McDOWELL, AND M PARASKEVAS (Winnipeg, Canada). *Obstet Gynecol* 1986;**67**:722-6.

**Prospective study of perinatal transmission of *Chlamydia trachomatis***
J SCHACHTER, M GROSSMAN, RL SWEET, J HOLT, C JORDAN, AND E BISHOP (San Francisco, USA). *JAMA* 1986;**255**:3374-7.

**Potential value of rectal-screening cultures for *Chlamydia trachomatis* in homosexual men**
AM ROMPALO, CB PRICE, PL ROBERTS, AND WE STAMM (Seattle, USA). *J Infect Dis* 1986; **153**:888-92.

**Pulmonary assessement of children after chlamydial pneumonia of infancy**
SG WEISS, RW NEWCOMB, AND MO BEEM (Safety Harbor, USA). *J Pediat* 1986;**108**: 659-64.

**Detection of *Chlamydia trachomatis* antigens by enzyme immunoassay and immunofluorescence in genital specimens from symptomatic and asymptomatic men and women**
MA CHERNESKY, JB MAHONY, S CASTRICIANO, *ET AL (Hamilton, Canada)*. *J Infect Dis* 1986;**154**:141-8.

**Localization of *Chlamydia trachomatis* infection by direct immunofluorescence and culture in pelvic inflammatory disease**
NB KIVIAT, P WØLNER-HANSSEN, M PETERSON, *ET AL* (Seattle, USA). *Am J Obstet Gynecol* 1986;**154**:865-73.

**Degradation of *Chlamydia trachomatis* in human polymorphonuclear leukocytes: an ultrastructural study of peroxidase-positive phagolysosomes**
EC YONG, EY CHI, W-j CHEN, AND C-c KUO (Seattle, USA). *Infect Immun* 1986;**53**: 421-31.

## Non-specific genital infection and related disorders (mycoplasmal and ureaplasmal infections)

**Further studies on genital mycoplasms in intra-amniotic infection: blood cultures and serologic response**
RS GIBBS, GH CASSELL, JK DAVIS, AND PJ St CLAIR (San Antonio, USA). *Am J Obstet Gynecol* 1986;**154**:717-26.

**Genital mycoplasma colonization in neonatal girls**
T IWASAKA, T WADA, Y KIDERA, AND H SUGIMORI (Fukuoka, Japan). *Acta Obstet Gynecol Scand* 1986;**65**:269-72.

**Urogenital challenge of primate species with *Mycoplasma genitalium* and characteristics of infection induced in chimpanzees**
JG TULLY, D TAYLOR-ROBINSON, DL ROSE, PM FURR, CE GRAHAM, AND MF BARILE (Frederick, USA). *J Infect Dis* 1986;**153**: 1046-54.

## Non-specific genital infections and related disorders (general)

**Localised intratesticular abscess complicating epididymo-orchitis: the use of scrotal ultrasonography in diagnosis and management**
KM DESAI, JC GINGELL, AND JM HAWORTH

(Bristol, England). *Br Med J* 1986;**292:** 1361-2.

## *Pelvic inflammatory disease*

**Oral contraceptive use modifies the manifestations of pelvic inflammatory disease**

P WØLNER-HANSSEN (Lund, Sweden). *Br J Obstet Gynaecol* 1986;**93:**619-24.

In a case controlled study of 322 women with acute salpingitis proved by laporoscopy, *Chlamydia trachomatis* was isolated from the endocervical canal of 105. An additional patient showing a fourfold change of serum IgG and IgM antibody titres to *C trachomatis* was also included in the survey. Of the 106 women yielding chlamydiae, 12 (including the patient with serological evidence of acute chlamydial infection) had perihepatitis at laporoscopy. *Neisseria gonorrhoeae* was not isolated from the endocervix in the group of 12 women with combined perihepatitis and salpingitis, but was found in four of the 94 with acute salpingitis alone. The women were comparable in age and parity.

The survey showed a negative association between oral contraceptive use and the presence of perihepatitis, as oral contraceptives were taken by 38 (40%) of the 94 with salpingitis alone but by none of those with associated perihepatitis (p=0·002). Forty of the 106 women yielding chlamydiae, including six with perihepatitis, were using an intrauterine contraceptive device (IUCD). The severity of tubal inflammation did not relate to contraception used, though IUCD users were probably under-represented. The oral contraceptive takers were younger and presented to the clinic earlier with symptoms. They also had lower titres of antibody to *C trachomatis.* This is contrary to a previous study, which suggested that oral contraceptives enhance B cell maturation and antibody production. The remarkably high IgG concentrations found in patients with perihepatitis supports the hypothesis that these women may have had previous infection with some strain of *C trachomatis* and the perihepatitis may be a result of a hyperimmune reaction. The author also suggested that oral contraceptives may modify pelvic inflammatory disease by suppressing immune reactions. This study also confirmed the strong association of Fitz-Hugh-Curtis syndrome and infection with *C trachomatis.* The 12 patients with perihepatitis had no evidence of gonococcal infection, but all had proved chlamydial infection.

The author considers that the prevalence (4%) of salpingitis complicated by perihepatitis was an underestimation because some patients may be referred to a surgical department with upper abdominal pain and be diagnosed as having some other surgical condition. Eight of the 12 patients in this study were first seen at the surgical department. Finally, he concluded that more studies are needed to elicit the role of oral contraceptives in the pathogenesis of pelvic inflammatory disease.

*V Manoharan*

**Persistence of chlamydial antibodies after pelvic inflammatory disease**

M PUOLAKKAINEN, E VESTERINEN, E PUROLA, P SAIKKU, AND J PAAVONEN (Helsinki, Finland). *J Clin Microbiol* 1986;**23:**924-8.

**Treatment of acute pelvic inflammatory disease with aztreonam, a new monocyclic β-lactam antibiotic, and clindamycin**

MG DODSON, S FARO, AND LO GENTRY (Houston, USA). *Obstet Gynecol* 1986; **67:**657-62.

## *Reiter's disease*

**Cell-mediated immune response in the diseased joints in patients with reactive arthritis**

Y T KONTTINEN, D NORDSTRÖM, V BERGROTH, M LEIRISALO-REPO, AND B SKRIFVARS (Helsinki, Finland). *Scand J Immunol* 1986;**23:**685-91.

## *Trichomoniasis*

**Persistent *Trichomonas vaginalis* infection due to a metronidazole-resistant strain**

S KRAJDEN, J G LOSSICK, E WILK, J YANG, J S KEYSTONE, AND K ELLIOTT (Toronto, Canada). *Can Med Assoc J* 1986;**134:**1373-4.

***Trichomonas vaginalis* in the prostate gland**

WA GARDNER, DE CULBERSON, AND BD BENNETT (Mobile, USA). *Arch Pathol Lab Med* 1986;**110:**430-2.

In this small postmortem study the authors describe the identification of trichomonads in the prostate gland using an immunoperoxidase technique. Five whole prostate glands were obtained at autopsy. Four were from men whose "urinalyses during terminal hospitalisation had demonstrated *Trichomonas vaginalis".* The age of these patients was not mentioned, nor was there any reference to a sexual history. The fifth was from a man aged 49 whose wife had documented vaginal trichomoniasis. Microscopy of all specimens showed multiple foci of non-specific acute and chronic prostatitis, and all areas showing pathological features of inflammation were examined carefully for organisms. Definitive identification of trichomonads could not be made in four of the specimens, using immunoperoxidase evaluation. In the glandular luminae, prostatic ducts, and prostatic urethra of the fifth specimen trichomonal structures ("undulating membrane", axostyle, and flagella) were positively identified. The authors stated that tissue preservation was inadequate to permit a description of epithelial changes in the prostate associated with this parasite and suggested that further evaluation using well preserved tissue will be necessary.

They concluded, however, by stating that their study showed the presence of *T vaginalis* within the prostate gland and an associated range of acute and chronic inflammatory changes. They proposed that further studies would assess the incidence of trichomonads in cases of non-specific prostatitis. They postulated finally that further work on the lines they described would help to elucidate a possible association between *T vaginalis* and epithelial atypia in the prostate gland.

*G Sharp*

**Incubation time, second blind passage and cost considerations in the isolation of *Trichomonas vaginalis***

RF SMITH (Martinez, USA). *J Clin Microbiol* 1986;**24:**139-40.

**Phenotypic variation and diversity among *Trichomonas vaginalis* isolates and correlation of phenotype with trichomonal virulence determinants**

JF ALDERETE, L KASMALA, E METCALFE, AND GE GARZA (San Antonio, USA). *Infect Immun* 1986;**53:**285-93.

**In vitro susceptibility and doses of metronidazole required for cure in cases of refractory vaginal trichomoniasis**

JG LOSSICK, M MÜLLER, AND TE GORRELL (Columbus, USA). *J Infect Dis* 1986;**153:** 948-55.

## *Candidiasis*

**Epidemiology of recurrent vulvovaginal candidiasis: identification and strain differentiation of *Candida albicans***

MI O'CONNOR AND JD SOBEL (Philadelphia, USA). *J Infect Dis* 1986;**154:**358-63.

**Recurrent vulvovaginal candidiasis: vaginal epithelial cell susceptibility to *Candida albicans* adherence**
DJ TRUMBORE AND JD SOBEL (Philadelphia, USA). *Obstet Gynecol* 1986;**67**:810-2.

**Anticandidal activities of terconazole, a broad-spectrum antimycotic**
EL TOLMAN, DM ISAACSON ME ROSENTHALE, *ET AL* (Raritan, USA). *Antimicrob Agents Chemother* 1986;**29**:986-91.

## *Genital herpes*

**Acquisition of genital herpes from an asymptomatic sexual partner**
JF ROONEY, JM FELSER, JM OSTROVE, AND SE STRAUS (Bethesda, USA). *N Engl J Med* 1986;**314**:1561-4.

**Genital herpes and hepatitis in healthy young adults**
GY MINUK AND LE NICOLLE (Calgary, Canada). *J Med Virol* 1986;**19**:269-75.

**Changes in the frequency of genital herpes recurrences as a function of time**
J H HARGER, M P MEYER, AND A J AMORTEGUI (Pittsburgh, USA). *Obstet Gynecol* 1986; **67**:637-42.

**Recurrent genital herpes and suppressive oral acyclovir therapy: relation between clinical outcome and in-vitro drug sensitivity**
SN LEHRMAN, JM DOUGLAS, L COREY, AND DW BARRY (Research Triangle Park, USA). *Ann Intern Med* 1986;**104**:786-90.

**Susceptibility to other antiherpes drugs of pathogenic variants of herpes simplex virus selected for resistance to acyclovir**
BA LARDER AND G DARBY (Beckenham, England). *Antimicrob Agents Chemother* 1986;**29**:894-8.

## *Genital warts*

**Human papillomavirus DNA associated with foreskins of normal newborns**
A ROMAN AND K FIFE (Indianapolis, USA). *J Infect Dis* 1986;**153**:855-61.

**Progressive potential of mild cervical atypia: prospective cytological, colposcopic and virological study**
MJ CAMPION, DJ McCANCE, J CUZICK, AND A SINGER (London, England). *Lancet* 1986; ii:237-40.

**Human papillomavirus infection of the cervix detected by cervicovaginal lavage and molecular hybridization: correlation with biopsy results and Papanicolaou smear**
RD BURK, A SKADISH, S CALDERIN, AND SL ROMNEY (New York, USA). *Am J Obstet Gynecol* 1986;**154**:982-9.

**DNA sequences of human papillomavirus types 11, 16 and 18 in lesions of the uterine cervix in the west of Scotland**
DWM MILLAN, JA DAVIS, TE TORBET, AND MS CAMPO (Glasgow, Scotland). *Br Med J* 1986;**293**:93-6.

**Genome organization and nucleotide sequence of human papillomavirus type 33, which is associated with cervical cancer**
ST COLE AND RE STREECK (Paris, France). *J Virol* 1986;**58**:991-5.

**Efficacy of human lymphoblastoid interferon in the therapy of resistant condyloma acuminata**
SA GALL, CE HUGHES, P MOUNTS, A SEGRITI, PK WECK, AND JK WHISNANT (Chicago, USA). **Obstet Gynecol** 1986;**67**:643-51.

**The effect of asymptomatic infection with HTLV-III on the response of anogenital warts to intralesional treatment with recombinant $\alpha$ _ interferon**
JM DOUDLAS, M ROGERS, AND FN JUDSON (Denver, USA). *J Infect Dis* 1986;**154**:331-4.

## *Acquired immune deficiency syndrome*

**Second meeting of the WHO collaborating centres on AIDS: memorandum from a WHO meeting**
WORLD HEALTH ORGANISATION. *Bull WHO* 1986;**64**:37-46.

**AIDS and other medical problems in the male homosexual**
EDITED BY TG COONEY AND TT WARD. *Med Clin N Am* 1986;**70**:497-725.

**Early warning skin signs in AIDS and persistent generalized lymphadenopathy**
MF MUHLEMANN, MG ANDERSON, FJ PARADINAS, *ET AL* (London, England). *Br J Dermatol* 1986;**114**:419-24.

**Erythema elevatum diutinum and pre-AIDS**
F da CUNHA BANG, K WEISMANN, E RALFKIAER, G PALLESEN, AND GL WANTZIN (Aarhus, Denmark). *Acta Derm Venereol (Stockh)* 1986;**66**:272-4.

**Pyoderma gangrenosum in a patient with HTLV-III antibody**
BK SCHWARTZ, WE CLENDENNING, AND LG BLASIK (Hanover, USA). *Arch Dermatol* 1986;**122**:508-9.

**Interstitial pneumonitis and multiple lymphadenopathy in subjects infected by the LAV/HTLV-III virus**
LJ COUDERC, P HER VÉ, P SOLAL-CELIGNY, *ET AL* (Paris, France). *Presse Med* 1986; **15**:1127-30.

***Pneumocystis carinii* pneumonia associated with acquired immunodeficiency syndrome in pregnancy: a report of three maternal deaths**
H MINKOFF, R H deREGT, S LANDESMAN, AND R SCHWARZ (New York, USA). *Obstet Gynecol* 1986;**67**:284-7.

**Cerebral toxoplasmosis complicating the acquired immune deficiency syndrome: clinical and neuropathological findings in 27 patients**
BA NAVIA, CK PETITO, JWM GOLD, E-S CHO, BD JORDAN, AND RW PRICE (New York, USA). *Ann Neurol* 1986;**19**:224-38.

**Cytomegalovirus but not human T lymphotropic virus type III/ lymphadenopathy associated virus detected by in situ hybridisation in retinal lesions in patients with the acquired immune deficiency syndrome**
PGE KENNEDY, DA NEWSOME, J HESS, *ET AL (Baltimore, USA). Br Med J* 1986;**293**:162-4.

**Cryptococcal arthritis in a patient with acquired immune deficiency syndrome. Case report and review of the literature**
DD RICCIARDI, DV SEPKOWITZ, LB BERKOWITZ, H BIENENSTOCK, AND M MASLOW (New York, USA). *J Rheumatol* 1986;**13**:455-8.

**Clinical manifestations and therapy of *Isospora belli* infection in patients with the acquired immunodeficiency syndrome**
JA DeHOVITZ, JW PAPE, M BONCY, AND WD JOHNSON (Brooklyn, USA). *N Engl J Med* 1986;**315**:87-90.

**Peliosis hepatitis in the acquired immunodeficiency syndrome**
CA CZAPAR, M WELDON-LINNE, DM MOORE, AND DP RHONE (Chicago, USA). *Arch Pathol Lab Med* 1986;**110**:611-3.

**Ultrastructural features of epithelial cell**

**degeneration in rectal crypts of patients with AIDS**
DP KOTLER, SC WEAVER, AND JA TERZAKIS (New York, USA). *Am J Surg Pathol* 1986;**10**:531-8.

**Simultaneous occurrence of Hodgkin's disease and Kaposi's sarcoma in a patient with the acquired immune deficiency syndrome**
RT MITSUYASU, MF COLMAN, AND NCJ SUN (Los Angeles, USA). *Am J Med* 1986; **80**:954-8.

**Three cases of AIDS-related psychiatric disorders**
JR RUNDELL, MG WISE, AND RJ URSANO (Lackland AFB, USA). *Am J Psychiatry* 1986;**143**:777-8.

**Why is *Listeria monocytogenes* not a pathogen in the acquired immunodeficiency syndrome?**
JL JACOBS AND HW MURRAY (New York, USA). *Arch Intern Med* 1986;**146**:1299-300.

**Prevalence of *Chlamydia trachomatis* lung infection in patients with acquired immune deficiency syndrome**
JV MONCADA, J SCHACHTER, AND C WOFSY (San Francisco, USA). *J Clin Microbiol* 1986;**23**:986.

**Monozygotic twins discordant for the acquired immunodeficiency syndrome**
R MENEZ-BAUTISTA, SM FIKRIG, S PAHWA, MG SARANGADHARAN, AND RL STONEBURNER (Brooklyn, USA). *Am J Dis Child* 1986; **140**:678-9.

**Spectrum of human T-cell lymphotropic virus type III infection in children: recognition of symptomatic, asymptomatic and seronegative patients**
S PAHWA, M KAPLAN, S FIKRIG, *ET AL* (Manhasset, USA). *JAMA* 1986;**255**:2299-305.

**Three-year prospective study of HTLV-III/LAV infection in homosexual men**
JN WEBER, J WADSWORTH, LA ROGERS, *ET AL* (London, England). *Lancet* 1986;i:1179-82.

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## Other sexually transmitted diseases

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## Genitourinary bacteriology

**Preterm labor associated with subclinical amniotic fluid infection and with baterial vaginosis**
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Amniotic fluid infection was studied in 54 consecutive afebrile women in preterm labour (around 30 weeks) with intact fetal membranes. Micro-organisms were recovered from the amniotic fluid by transabdominal amniocentesis in 13 (24%). Bacteria *(Gardnerella vaginalis,* anaerobes, or *Escherichia coli)* were found in six (11%), and genital mycoplasmas in seven (13%), but herpes simplex, cytomegalovirus, *Chlamydia trachomatis,* and *Listeria monocytogenes* were absent. Women yielding bacteria or *Candida albicans* delivered rapidly (mean 0·6 days) and five out of six of them developed clinical amniotic fluid infection with pyrexia within an average of 6·5 hours after amniocentesis. Women without bacterial infection or with mycoplasmal infection alone delivered after a mean of 34·3 days and only one became pyrexial. The authors assert, but do not establish, that the infections were a primary cause of preterm labour rather than a consequence of it.

The cervical and vaginal flora of the women in premature labour were compared with those of control women of similar gestational age who were not in labour. There were no appreciable differences between patients and control subjects in the recovery rate of any single organism, including *G vaginalis*. An abnormal finding on gas-liquid chromatography of vaginal fluid, which was thought to indicate bacterial vaginosis, was found in 43% of the patients and 14% of the controls, and the authors suggested that this may be a feature of premature labour.

*M R FitzGerald*

**Polymicrobial early postpartum endometritis with facultative and anaerobic bacteria, genital mycoplasmas, and *Chlamydia trachomatis:* treatment with piperacillin or cefoxitin**
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**Primary genitourinary tuberculosis: rapid progression and tissue destruction during treatment**
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## Miscellaneous

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